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CONFIRMATION NO. 3549

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/735,689		700	3714	246661US2

APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

JAPAN 2002-364481 12/16/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/25/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance EMT Initials	JAPAN	3	11

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TITLE

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